0

	PLACE OF DEATH County Dockstein	06973 STATE OF M	
		Registration I	Dist. No. // 0
	Village or City Hulock Santo.	St.:Ward)	(If d-ath occurred in a hospital or institu- tion, give its NAME in
	2FULL NAME Felora Ad	ams	stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
6	Fruish estate 5 single, MARRIED, OR DIVORCED (Write the word)	16 DATE OF DEATH	234 , 1981
	## 15", 1783 (Month) (Day) (Year)	mond (1994 that Vated that I last saw h & Lalive on Miles	anded the described from
	7 AGE 2 8 yrsmos7 ds. ormin.?	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	above, at 1-30 Lm.
N	8 OCCUPATION (a) Irade, profession or particular kind of work	agrice regurge	etaleon z
	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)	yrs. 21ds.
	9 BIRTHPLACE (State or country) Doucheslar Co, Ond,	Secondary (Duration)	
	10 NAME OF Edward Dotton	(Signed) (Address) Prof	ston med
	OF FATHER (State or country) Horchester Co and	*State the lisease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, In deaths from jury and (2) Whether
	of MOTHER CAME A DOCKING	18 LUNGTH OF RUSIDENCE (For Hospit ients or Recent Residents)	
	OF MOTHER (State or Country) Sor charles Co Que	Where was disease contracted,	eyrsmosds
	(Informant) Lemma Adams	if not at place of deah?	
	(Informant) Huloch Hist,	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
5	15 Filed June 23 198 / Robert L. Hasting Registral	Herry A. Vodery	229 High
	If more b.anks are needed, addre.s Ltate Kegistra	ar, 16 W. Saranga St., Balto., Lequating	s. ho. 1. birdgs

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, "," "Heart failure," "IIaemorrhage,

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1	46370
PLAGE OF DEATH	STATE OF MARYLAND
County Orchista	CERTIFICATE OF DEATH
4.1	Registration Dist. No. // D
Village or City Kultlevos (No. Mo)	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Stell Birth a	skins tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Seugle (Write the word)	16 DATE OF DEATH 75 , 1923/
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
June 25, 1931	192 , 192 , 192
(Month) (Day) (Year)	that I last saw halive en, 192,
7 AGE O I If LESS than	
Stellyrs. Smitos ds. or min?	
B OCCUPATION A	. All Rull
(a) Trade, profession or particular kind of work	
(b) General nature of industry	12
business, or establishment in which employed or (employer)	(Durstion)yrsmosds
9 BIRTHPLACE	Contributory Secondary
(State or country) Md	(Durstion) in mosde
FATHER Lindley askins	(Signed) M. D
U 11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, In deaths from
CState or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hellen Hongus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Anga Nougeus	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Kull Works My	Dallue ma fine 26, 1931
Filed June 26 1923/ 17 L Hasting 2	HARD HOUGHS Saleel
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	1/10)

OCOM!

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wornwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinglewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	06976
PLACE OF DEATH	STATE OF MARYLAND
County Josephasta	© CERTIFICATE OF DEATH
The state of the s	Registration Dist. No.
Village or City SunfridgaNo. 12 1/4	Bathan (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX LIST 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1921 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
pine 1, 1901	, 192, 192,
(Month) (Day) (Year)	that I last saw handlive on 192,
7 AGE IFLESS, than I day 7 hrs.	and that death occurred on the date stated above, at
# yrs. # mos. # ds. or # min.?	0.4
a OCCUPATION (a) Trade, profession or	Miscarriage
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) # yrs. 2 mos. # ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yre
1D NAME OF FATHER	(Signed) 702-11. There is JM. D.
11 BIRTHPLACE	Three 2.198/ (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother of Therene Worder	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
N H Bods	Former or usual residence
(Informant) Cat Mercue Oderman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) /2 Meadow Uva	Disjosed of at home 6/2, 19.3
Filed June 3 1931 E. E. Wolff	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; i tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Furmer or Planter, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile foctory. The material (a) the kind of work and also (b) the -Coal mine, etc. Womnot gainfully em-(6) Grocery,

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Exact statement of OCCUPA KECORD. Every item of info PHYSICIANS should sta stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAIN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06977
		<u> </u>
	County Dorchester	Registration Dist. No. // G
	Village or City Cambridge	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
		os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	2. FULL NAME Infant Blazet	
	(a) Residence: No. Secretary Ind	St., Ward.
-	1. PLACE OF DEATH County Dorelles ten Village Dr City Carnelin d ga Length of residence in city or town where death occurred yrs. 2. FULL NAME	If nonresident give city or town and State
-		MEDICAL CERTIFICATE OF DEATH
1 -		21. DATE OF DEATH (Month) (Day) (Year)
5a	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH (month day and year)	t last saw harmalive on research 19 death is said
-	AGE Years Months Days It LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
NOI	0 Task and a second	Still-brow - (de ad in
UPAT	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	witers) came unt Kunn.
000	this occupation (month and spent in this	=
12	BIRTHI LACE (City of town)	Dther Contributary Causes of Importance:
ER	13. NAME James W. Blazek	
FATH		Nama of operation
ER	15. MAIDEN NAME auchen Starter	23. If daath was due to external causes (VIDL ENCE) fill in also tha following:
MOTH	f6. BIRTHPLACE (city or town) Campin age (State or country)	Accident, suicide, or homicide? Data of Injury, 19 Where did injury occur?
17		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8	See to had a 12 miles	Manner of Injury
19	7	24. Was disease or injury In any way related to occupation of deceased?
20	D. FILED Jam 18, 1931 SEW alff. Registrar.	(Signed) & & Welff M.D. (Address) Cambridge And.
-		

CEDTIFICATE OF DEATH OCOM

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	7
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	111 9 1531	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	rest of S	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	PHYSI-
THE PROPERTY OF THE PROPERTY O	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. OHAN'S should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
1	e sta e pro
2.4	id b
LIVE	t me
7	CE s nat i
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1	supp n ter
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111	sho Is
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1PLACE OF DEATH	06978 STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
	Registration Dist. No. // O
Village or City Beulah (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, X OR DIVORCED (Write the word)	June (Month) 11 thay) (Y103
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 9 , 1847	Jane 7 193/. to 192
(Month) (Day) (Year)	that I last saw har alive on fram, 1931,
7 AGE If LESS that 1 dayhr	The CAMBE OF DEATH * was a follows:
84 yrs. Q mos. 2 ds. or mig	Cerebral personage
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE	(Durstion) yrs. mos. ds. Contributory Secondary
(State or country) Dorchester	(Duration)de.
10 NAME OF FATHER John Blades	(Signed) M. D.
OF FATHER (State or country) Dorchester	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elizabeth Todd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Dorchester	At place of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?
(Informant) Mrs. Perry Messick	Former or usual residence
(Address) Hurlock Md.,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 1 1 1 1 1 1 h	Grove June 14, 19.31
Filed sune 13 1923//18M & Mashin Q 2 Registrar	W.H. Hollis & Son Preston, Md.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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carbolic acid-probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepeis, acdident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse, resulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The Nomenclature contributory

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,431

PLACE OF DEATH County Overland	06979 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cambrille (No. Cambrille Comments of Cambrille Com	Registration Dist. No. 6 huy Md. Ward) (If death occurred is a hospital or instliction, giva its NAME is stead of a hospital or instruction, giva its NAME is stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decaased from 1927 to mu w 1927 that I last saw h alive on w w , 1927
7 AGE 1 V yrs. 4 mos. 2 de. or min.	s. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yre mos de Contributory Horil Meningitts Secondary (Duration) yrs mos de
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) Cambria M. D. *State the Discase Causing Death, or, in deaths from Accidental, Sucidal or Homicidal.
of MOTHER hay Cylias 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Teansients or Racant Rasidants) and In the State yrs mos de
(Informant) (Address) (Address)	Where was disease contracted, provided with the place of death? Former or usual residence 19 PLASE OF BURIAN OR FEMOVAL 20 UNDERTAKER ADDRESS
Filed 1981 2000 Registras	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Ling laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomolive engineer, Stationary freman, etc. But in many 6) Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lanure, recurrence," "Shock," "Shock," "Shock," "Anon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condistated unless important. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	06980
PLACE OF DEATH	STATE OF MARYLAND
County Borchester	CERTIFICATE OF DEATH
	Registration Dist. No. //6
Village or City Sturlook (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- atead of atreet end
2FULL NAME ///WV9 CO-0 fe	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATHCONE (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
, 1885	9 1927/ to 192
(Month) (Day) (Year) 7 AGE (If I.F.S. than	that I last saw has olive on 1923.
7 AGE If LESS than I dayhrs.	and that death occurred on the dete stated above, atm, The CAUSE OF DEATH * was as follows:
4 (O yrs. mos. ds. or min.)	-
(a) Trade, profession or	mullous ax
particular kind of work (b) General nature of industry	our fil.
business, or establishment in which employed or (employer)	(Duration)yrsmosde.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF WOW MAN properly	(Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Dort Puru	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) The Other	Former or usual residence
(Address) Kurlotok md	Okurch Creek and June 14:35
Filed June 12 1923/ Nobel to Hasting &	20 UNDERPAKER LEGILLY HURLOCK
If more bianks are needed, address State Registration	, 16 W. Seratoga St., Balto., Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

-telanus) may be stated under the head of "contributory." garbolic acid-probably suicide. The nature of the injury, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact tratement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMA WRITE PL

PLACE OF DEATH	STATE OF MARYLAND
PLACE OF DEATH County Doughusles	CERTIFICATE OF DEATH
d d	Registration Dist. No. //6
Village or City (No.	St.: Ward) (If d-ath occurred in a hospital or institution, give its NAME in
2FULL NAME Charles	Corner stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DWORCED (Write the word)	16 DATE OF DEATH 22 , 193 1
6 DATE OF BIRTH	I HEREBY CERTIFY, That I ttended the deceased from
1866	1931 to 122, 1931,
(Month) (Day) (Year)	that I last saw ham, alive on
7 AGE	
15 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	serel arous School
(b) General nature of industry	Cfort 2
business, or establishment in which employed or (employer)	(Durstion)yiemoeds,
9 BIRTHPLACE (State or country) Declaration Co.	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF BOART Brown	(Signed)
11 BIRTHPLACE OF FATHER (State or country) Don't Runul	*Such the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
DE 12 MAIDEN NAME OF MOTHER PARK ROLL	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) William Kennel	Former or asual residence
(Address) 420 High H	Buther Climetery June 24, 193/
Filed June 25 198/ Ello PRegistral	at he of Clau Canbridge
If more b.anks are needed, addre.s tate hegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a dcfinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphlheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
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20. FILEO.

Jame 26 193

1. PLACE OF DEATH

County

Dorchester

item sho	Village or City Cambridge, Md.,	No. # 209 Henry Street St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
~ 00 L	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.	
Every CIANS ement	2. FULL NAME M. Homaparte Corsey		
CORD, Every PHYSICIAN oct statement	(a) Residence: No. 209 Henry Street (Usual place of obode)	St., 5 Ward. If nonresident give city or town and State	
P. P. Bet	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NT Exact	Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH June 24 th 193 I (Month) (Day) (Year)	
BINDING FERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Applegarth Corsey	22. I HEREBY CERTIFY, That I attended deceased from	
BINI ERM EX class	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	
FOR BIS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at4 _ P _ M . The PRINCIPAL CAUSE OF DEATH and related causes of importance	
- 70 - 4	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Our einona of intertines Date of ons	
RESERVED G INK—THIS GE should be that it may be one back of	9. Industry or business in which work was done, as SILK MILL, Frame Merchant SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation occupation		
ZATO	12. BIRTHPLACE (city or town). Cambridge (State or country) Dorohester Co. Md	Other Contributory Causes of Importance:	
ARG] UNFA upplied terms,	a 13. NAME Jacob A Corsey		
MA I U sup in to	14. BIRTHPLACE (city or town) X (State or country) Dorchester Co. Md.,	Name of operation Date of Was there an autopsy?	
WITH efully in plan ant.	15. MAIDEN NAME Irene Moore	23. If death was due to external causes (VIOLENCE) fill in also the following:	
AINLY, Wild be careful DEATH in 19 y important.	15. MAIDEN NAME Irene Moore 16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.,	Accident, suicide, or homicide?	
E PLAIR should b OF DE	17. INFORMANT Mrs. John Le Compte Baltimore, Md.,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
E W E W	18. Burial, CREMATION, OR REMOVAL Place Green Lawn Cemetery 6/26/31.	Manner of Injury	
WRIT mation GAUSE	19. UNOERTAKER Granville S. Le Compte.	24. Wes disease or injury in any way related to occupation of deceased? HW	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed)

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

(1)		PHYSI-	
4	R CORD	CANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	\ -
MARGIN RESERVED FOR BINDING	A PERMANE	E should be start it may be pour	3 7 8
FOR	IIS IS	ed AGs so the	7
ERVED	NKTH	ly supplifications and terminations.	8
ARGIN RES	INFADING I	ild be careful DEATH in pla ory important	9
N N	WRITE PLAIN, WH UNFADING INKTHIS IS A PERMANIT REORD	Every item of information should be carefully supplied ACE should be stated EXACT CANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	STANGE OF CO.
	TE PLAI	em of inf should st nt of OCC	
	WRI	ANS sateme	18
o C	(100 0	18

PLACE OF DEATH				
PLACE OF DEATH County Doscheiter	(
Village or City Cambridge (No. 19) 2FULL NAME Victoria Dav				
PERSONAL AND STATISTICAL PARTICULARS				
SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16			
DATE OF BIRTH	1			
(Month) (Day) (Year)	t.			
AGE If LESS than	aı			
6 3 yrs. mos. ds. or min.?	T			
(a) Trade, profession or June Work (b) General nature of industry business, or establishment in which employed or (employer)	••••			
State or country) Dorchester Co.				
10 NAME OF William Bours	(5			
OF FATHER (State or country) Dorchester Co	-			
of MOTHER Margaret Camper	18			
13 BIRTHPLACE OF MOTHER (State or country) Abrichester Co	A of			
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if			
(Informant) Estella Bennell (Address) lambridge ml	Fous 19			
(Address)	20			

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Z Ward)

(if death occurred im a hospital or institution, give Its NAME in-stand of street and number.)

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH -(Day) HEREBY CERTIFY, That I attended the deceased from ed that death occured on the date stated above, a he CAUSE OF DEATH * was as follows: Contributory Secondary igned) t

State the Disease Causing Desth, or, in desths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)

192 ... (Address) .

At place	In the	
of death yrsds.	State	yranos
Where was disease contracted		

not at place of death?

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wir. laborer, Furm laborer, en at home, state occupation at beginning efillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (vework, or At Home, and children, not gainfully em-Spinner, (b) Collon mill; (a) Solesman. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Lanager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g.. Farmer or Planter, Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupition is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy who are engaged in the duties of the (b) Automobile factory. The Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-Locomotive engineer, As examples: (a) man. (b) Grocery; material

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and eonsequences (e.g., sepsis, letanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemio," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiinges, perilonaeum, etc., Careinomo, Sarcoma., etc., of (name origin; "Canecr" is less definite; avoid American Medical Association.) Examples: Aecidental drowning; Struck by railway train taken. causing (secondary or intercurrent) Chronic interstit of nephritis, use of "Tumor" for malignant neoplasms); Measles, approved Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), by cough; Chronie Committee on affection need not be etc. valvular heart disease, Nomenclature The "Haemorrhage, eontributory

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A | the dita is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

WITHIN CORPORATE LIMIT

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may he indicated thus; Former (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as a loborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

- accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, approved by Committee on or as probably such, if impossible to determine definitely, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senilc," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as etc. The contributory valvular heart disease; Nomenclature ," "Convulsions, Measles ;

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PLACE OF DEATH

properly cla	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1924 (Month) 7 (Day) 31 (Year)
6	DATE OF BIRTH May (Month) (Day) (Yest)	that I last saw h alive on 2, 1924
7	AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 2.30 g m The CAUSE OF DEATH * was as follows:
6	yrsmosZ O_ds. ormin.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in	Bronshammini (Crimbon) yeslentos & de
_	BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos d
S	10 NAME OF FATHER William April 11 BIRTHPLACE OF FATHER	(Signed) Carrell Astelan M. I Jum 17 1924 (Address) Dine + Cedar
ARENT	(State or country) Farment 12 MAIDEN NAME OF MOTHER (A)	*State the Disesse Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
0.	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death yrs mos ds. State yrs mos d Where was disease contracted, if not at place of death?
14	(Informant) William Hall	Former or usual residence
	10 . 1 . 0 . 1 . 0 . 1	Charles and Charles and Charles

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // 6

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more present creating, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, Civil engineer, whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING, DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerébrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Sbock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping approved as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

1PLACE OF DEATH	06985 STATE OF MARYLAND
County Dorchusten	CERTIFICATE OF DEATH
	Registration Dist. No. ///
Village or City East New manshet	St.: Ward) (If death occurred in
2FULL NAME Della D 16	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH ALL (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I aptended the deceased from
May 28, 1866	1920 . to free 7 , 191
(Morrh) (Day) (Year)	that I last saw has alive on Aller , 1921,
7 AGE If LESS than	and that death occurred on the date stated above, at 12-8 m.
65 yrs. mos. 10 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or There W. K.	Ungina Cectoria
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) Mary Curs	Contributory Secondary (Duration), yrs
10 NAME OF Ruben Lairmin	(Signed) D M. D.
OF FATHER 7	July 7 12/ (Address) Cambridge
(State or country) Marykund	*State the Disease Causing Death, or, in doaths Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Bestitt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
War . Ho carrie	Former or usual residence
(Informant) Marie Olggus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6 at 1 le marfet	East New Market 14x June 9. 1931
Filed 9 1931 H. Park	129 UNDERTAKER ADDRESS Hollowoll A Marieta

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compasitor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Preeise statement of ocwhatever, write Nane. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, ar At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

!! (clanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, stated unless important. Example: Measles (disease inges, pertionaeum, etc., Carcinonia, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid approved by Committee on diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (seeondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the eause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shoek, tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal eondi-Chronic etc. valvular Nomenclature The eontributory Always qualify all heart disease; not be

If this certificate is looked over theroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is a permanently filed

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Doubistin	CERTIFICATE OF DEATH
	Registration Dist. No. // 6
Village or City Hanisville (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) 5 (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Monya) (Day) (Year) 7 AGE If LESS tha	that I last saw h & alive on 27, 192/
1 day hr.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs 2 mos ds
which employed or (employer)	Contributory Secondary (Duration) yrs mos A de
10 NAME OF FATHER The Duymone 11 BIRTHPLACE	(Signed) Chroll MSEClaw M. D.
OF FATHER (State or country) Mahisar	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER See	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Middish	At place of deathyrsds, In the Stateyrsds
(homest)	if not at place of death? Former or usual residence.
(Informant) Saylors Island Ind	Medeor July 1, 1901
15 Filed July / 193/ Selvolf	Donold Ruloulin Charles
If more bianks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Carc should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many 6 materia Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup!"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature Measles;

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... A

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons engaged in domestic service for wages, as Screen, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective, or fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on Oľ. yrs). Farm laborer, At Home, and children, For persons who have no occupation 6 Automobile factory. The Laborer-Coal mine, etc. not gainfully em (b) material Grocery, Wom-

Statement of Cause of Death—Name, first, the insease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State eause for which surgical operation was underdiscases can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as ñq cough; Committee on Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. valvular heart Nomenclature The contributory not be disease;

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	7/2		0.00	(1)	
PLACE	OF DEATH	BP & WAY BULLETY	003	STATE OF N	
County &	orekert	2		CERTIFICATE	OF DEATH,
County		0-8 9 H ₀₋₀ 9 9 0-0 DA	(159)	Registration I	Dist. No. 1/6
Village or City	Cambridge	(No		St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in
2FUL.	L NAME Was	liam mell			stead of street and number.)
PERSON	AL AND STATISTI	CAL PARTICULARS	MEDI	CAL CERTIFICATE C	F DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEAT	H James	/7, 19 3 /
neale	White	(Write the word)	**************************************		(Day) (Year)
6 DATE OF BIRT	Н		17 I HEREI	BY CERTIFY, That I atte	ended the deceased from
	0.	17 . 193/	Jun 17	19\$) . to	196/
	(Month)	000000000000000000000000000000000000000	that I last saw he	malive on Jers	<u> </u>
7 AGE		[If LESS than	and that death occ	urred on the date stated	above, at 5.30 m
	1 1	I day 5 2 hrs	The CAUSE OF DE	ATH * was as follows:	P
	yrs.	mos. ds. or min.	Trem	aliera oce	rth
B OCCUPATION (a) I rade, pro	fession or		4 × 4 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 ×		194499 9 40 4 50 4 4 7 7 5 LANSIN VINO CO 2 2 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4
particular kind	of work		***************************************	0. a a 2 = = = = = = = = = = = = = = = = =	**************************************
(b) General na	ture of industry tablishment in		Jan 3	(Duration)	yrsds
which employe	d or (employer)		Contributory		•
9 BIRTHPLACE	ntnr)		Secondary	,	000 440 00 00 00 00 00 00 00 00 00 00 00
(State or cou	Grekest	rbo hed		(Duration)	yrs,mosds
10 NAME OF	7/ 0 -0-1)0	(Signed)	Lawer	M. D
11 BIRTHPL	Herbert ()	. Mells	June 18 19	3/ (Address) Can	ludge, ned
OF FATH	ER ~	2 2 2 2 2	*State the	listase Causing Death, state (1) Means of In	or, In deaths from
ш	country) Dorch	ester bo, his	- Accidental, Suicid	lai er Homicidal.	
OF MOTH	ER Sofike	a Johnson	ients or Recent	RESIDENCE (For Hospi Residents)	tals, Institutions, Trun
13 BIRTHPL OF MOTH	ACE /		At place of deathyıs	in the	
(State or	Country) Dove	Rectorbo mad	Where were disease of	ontracted.	
14 THE ABOVE	S TRUE TO THE BEST	OF MY KNOWLEDGE	it not at place of o	dea h?	
(7)	Sophia	7 00-	Former or usual residence	222220000-h0-00002h00000000000000000000	
(Informant)	P	elrida med	19 PLACE OF BOR	L. KORLIN	DATE OF BURIAL
(Addr	·C/ 3/	Server	20 UNDERTAKER	00 1	ADDRESS .
Filed fun	e /8/1909/	Registrat	ar. 18 W. Saratoga S	t., Balto, Lequesting V.	S. 100. 1.
1/	16 man hanks are	manded addes a ! tate hegistr	ar. 10 W. Duratoga D	red marrows tradereness.	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary, to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation Colton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

> Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlovitis," etc. "(E.haustion," "Heart failure, 11aemorrage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Recommendations on statement of cause of death 'elanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) affection need not be ass important. Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Dorelester	CERTIFICATE OF DEATH
1		Registration Dist. No. // /
	Village or City Golden Holling.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
I	2FULL NAME Welliam Odward	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw handlive on delen 1931
	7 AGE III LESS than	
	7 5 yrs. / 9 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
1	d OCCUPATION (a) Trade, profession or particular kind of work	
-	(b) General nature of industry business, or establishment in	
1	which employed or (employer)	(Duration) yre 8 mos da.
la.	BIRTHPLACE (State or country)	Contributory Secondary
	borekester be ked	(Duration)mosde,
	FATHER DE P 2000 A	(Signed) J. M. D.
	0 11 BIRTHPLACE	Jan 14 1927 (Address) Commented on her
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Juckeria Henry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) Some Regiter Bo. Med	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Stavel mollock	Former or usual residence.
	(Address) Golden Hill hed	Warfields grave yard June 16, 1931
	Filed June 15 19231 Burs It & Cousiche Registrar	Lewis Bayneum Cambridge
	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06990

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic ," etc., when a definite disease Example: Measles (disease etc. The valvular heart disease; contributory Measles;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County vorchester	CERTIFICATE OF DEATH
		Registration Dist. No. //6
v	Tillage or City anderedge (Norskernst	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	2FULL NAME JULIU 10: 1000	number./
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Ternale White SINGLE, MARRIED, Marriel OR DIVORCED (Write the word)	16 DATE OF DEATH 22 Nd , 193/ (Month) (Day) (Year)
6	DATE OF BIRTH (Month) (Day), 1883 (Year)	that I last saw her alive on here 2 2 mg, 1921,
7	AGE [If LESS than	and that death occurred on the date stated above, at 10.30 P.m.
	48 yrs. Uniteration ds. or min.?	The CAUSE OF DEATH * was at follows:
8	OCCUPATION (a) Trade, profession or particular kind of work	
L	(b) General nature of industry business, or establishment in	(Durstion) 2 yrs 6 mos /9 ds.
4	which employed or (employer)	Contributory
9	(State or country)	Secondary
-	10 NAME OF	(Signed) Charles Aprella M. D.
	FATHER Survey	June 52 m 93/ (Address) Cambridge Ind
HA	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
DA	of MOTHER MARIA J. V MARIA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
۵	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death 3 yrs. 5 mos. 9 ds. In the State was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Costital Necords	Former or usual residence Jalesbury Mot
	(Address & J. Josep Combridge M	Selisting Mayland June 24, 1931
1:	Filed Jun 22 1931 ESWolf Registrar	Holloway & Bo Galisbury
1	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00001

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, & Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart not be disease;

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8



PLACE OF DEATH

06992

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

,	a hospital or Institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
(Month) /3 17 I HEREBY CERTIFY, That I atterdistribution of the date stated of the CAUSE OF DEATH * was as follows:	(Day) 34 (Year) nded the deceased from 3, 1924, 2, 1924, above, at 4,304 am.
Contributory (Duration) Contributory (Duration) (Signed) (Signed)	1
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, In deaths from any and (2) Whether
18 LENGTH OF RESIDENCE (For Hospite ients or Recent Residents)	ls, Institutions, Trans-
At place In the of deathyrsmosds.	yrsmosds.
Where was disease contracted, if not at place of death?	6
Former or usual residence	4
Oprist Pock Md.	pare of Burial fune 16, 1931

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Cityl engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ras fracture of skull, and consequences (e.g., sepsis, telapus) may be stated under the head of "contributory." (Recommendations on statement of cause of death "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, approved by Committee on carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature Always qualify all Measles;

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	PERSON	AL AND	STATIST	ICAL	PARTIC	CULAF	S
3 SEX			OR RACI	5 SIN	IGLE.		
Mal	.0 •		te.	WIL	RRIED, DOWED, DIVORC ite the wo	ED	T10
6 DAT	E OF BIR	тн					
		Febr	uary (Mont)	16tl	(Day)		863 (Year
7 AGE		60	. 4		0	I da	ESS th
1-1	Trade, pro icular kind	ofession or	Dane	n T a	fo 47	Carr	
part	ioular kin	A . E				1 2 2 2 2 2	
(b)	General na	ature of in	dustry	.er T1	NO.L.L.		191
(b)	General na	ature of in stablishmer ed or (emp	dustry at in		NO.L.L.		тет
(b) busi whi	General names, or exchemploy	ature of in stablishmer ed or (emp	dustry at in	- ********			191
(b) busi whi	General names, or each employ	ature of in etablishmer ed or (emp untry)	dustry nt in loyer)	Jer	3 6 y.		Ter
(b) busing white state of the s	General names, or each employ THPLACE State or con O NAME O FATHER I BIRTHPL	ature of in stablishmer ed or (emp untry)	dustry nt in loyer) New	Jers	sey.		191
(b) busi whi self (c) whi self (c) whi self (c)	General names, or each employ THPLACE State or con O NAME O FATHER I BIRTHPL	ature of in stablishmer ed or (emp untry) F Will ACE ER r country) NAME	dustry nt in loyer) New	Jeru J. J	Post.		1.61
(b) busi whi	General names, or each employ THPLACE State or cot O NAME O FATHER I BIRTHPL OF FATH (State or OF MOTH OF MOTH OF MOTH	ature of in stablishmer ed or (emp untry) F WillACE ER r country) NAME HER (LACE	New New	Jeru J. Jeru Jeru	sey. Post. sey.		161
A PARANTI STANTING TO STANTING	General names, or each employ. THPLACE State or cot O NAME O FATHER I BIRTHPL OF FATH (State or OF MOTH OF MOTH (State or) (State or)	ature of in stablishmer ed or (emp intry) F Will ACE ER r country) NAME HER LACE	New Cather New	Jera J. Jera Jera Jera	sey. Post. sey. Titu	18.	
SPER STATE OF THE	General names, or each employ. THPLACE State or cot O NAME O FATHER BIRTHPL OF FATH (State or cot) 2 MAIDEN OF MOTH (State or cot) S BIRTHPE OF MOTH (State or cot)	ature of in stablishmer ed or (emp intry) F Will ACE ER r country) NAME HER LACE HER r country)	New New Cather New	Jera Jera Jera Jera St of	Bey. Titu	18.	E

PLACE OF DEATH

County Dorchester

131

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

St.: Ware	d) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
MEDICAL CERTIFICATE	OF DEATH
June 16th.	1931., 192(Day)(Year)
	ttended the deceased from the 16th., 1931.
that I last saw him alive on Jun	ie 16th. 1931.
and that death occured on the date state	d above, atm.
The CAUSE OF DEATH * was as follows: Chronic Interstitial	Nephritis.
(Duration)	3 yrs. ds.
Contributory Secondary	
(Signed) dward Puraton)	Questing D
June 17" 19231 (Address Vienr	18. Md.
*State the Discase Causing Deat Violent Caus s, state (1) Means of Accidental, Suicidal or Homicidal.	th, or, in deaths from injury and (2) whether
18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Trans-
At place of death yrs mos. ds.	he tateds.
Where was disease contracted, if not at place of death?	
Former or qual residence	
Vienna, Maryland.	June 19", 31.
willoughby & Son,	East New Mar-

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Collon mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Oceupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer -- Coal mine, etc. without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) The ques-

Statement of Cause of Death—Name, first, the DIXEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebryspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Typhumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

telanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "Iranition," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Exhaustion, tions, such as "Asthenia," "Anacmia" (merely symptomapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" eausing use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinomo, Sarconic, etc., of (name origin; "Caneer" is less definite; avoid American Mcdical Association.) Examples: Accidental drowning; Struck by railway troincan be ascertained as the cause. Always qualify all (secondar/ or intercurrent) Chronic interstitud nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic vaivular heart disease; etc. affection need Nomenclature of the The contributory Measles; not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A it he data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial her ritis	1921	Run over by street car	1 week aga
Cerebral hemorrhade	July 5, 1927	Peritonitis	3 days ago
1807 08 Man 80 108			
Other contributory pauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons enr, ,, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Woin-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation Salesman. duties of the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinona, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, W hooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart disease;

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The For many specifically the occupations of persons en-For persons who have no occupation occupations a single word or term on (b) materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

approved enterianus) may be stated under the head of "contributory." "(E:haustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic etc. The contributory valvular heart disease;

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1931

8 OCCUPATION

9 BIRTHPLACE

ENT

2

0

(a) Trade, profession or particular kind of work....

(State or country)

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

10 NAME OF FATHER

b) General nature of industry business, or establishment in 06933

MARKIED, A WIDOWED

OR DIVORCED

(Day)

THE BEST OF MY KNOWLEDGE

Registrar

wore blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S No. 1.

vrs. mos. ds. or min.

which employed or (employer).....

If LESS tha

I day ... hr

(Write the word)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

~	St; Ward) It death occurred in a hospital or institution, give its NAME in- tend of street and amber.)
	MEDICAL CERTIFICATE OF DEATH
_	16 DATE OF DEATH / 3/
	6 27 , 182
	(Month) (Day) (Year)
_	17 I HEREBY CERTIFY, That I attended the deceased from
-	No rue 192, to b the , 192.
8	that I last saw hand alive on
-	and that death occurred on the date stated above, at
r	The CAUSE OF DEATH 's was as follows:
s.	Fin Shot wound of chish
5	
	Herry Dlocum with newderon
-	(Duration) yrs mos d
	Contributory
	(Duration)yrsmos d
	917
	(Signed) Mogue frage Market Ma
-	9.3.0192. (Address)
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Pomicidal
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
-	ients, or Recent Residents)
	At place In the of death yrs, mosda, State, yrs
700	Where was disease contracted, if not at place of death?
jege B	Former or usual residence.
	19 PLACE OF BURIAL OR REMOVAL DATE OF RURIAL
	Corcepo ma July 1st 1003
	20 UNDERTAKER ADDRESS
**	Louis Bagnein Cambridge

80 FOR supplied terms MARGIN RESERVED plain arefully UNFADING TH in is very import DEA 10 f Information sid state CAUSE should of of statement CIARS I No.

vi

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the additional line is provided for the latter statement; it (a) Foreman. (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the ployed, as At "chool or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (refired 6 urs.). For persons who have no occupation Civil engineer, Stationary firemen, etc. But in many nature of the business or industry, and therefore an household only (not paid Housekeepers who receive a definite salary), may be entered as Houseveife, Housework, or 44 Home, and children, not gainfully emto report specifically the occupations of persons eneupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is necesshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. gaged in domestic service for wages, as Scrvant, Cook, Housenmid, etc. If the occupation has been changed whatever, write None.

Starcment of Cause of Death—Name, first, the distance causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pheumonia, Bronchopneumonia ("Prenimental");

affection need not be nnges. peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvulur heart disease; ary), 10 ds. Never report mere symptoms or terminal symptomatic), "Atrophy," "Collapse," "Coma," "Con-"Debility" ("Congenital," "Senlle," etc.), rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakuess." etc., when a definite disease Always qualify all diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drouning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by curbolic acid-probably suicide. The naquences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant ueoplasms); Measles; The contributory (second-(merely "Dropsy," "Exhaustion," "Heart failure." "Haemor-"PUERPERAL septicuemia,""PUERPERAL peritonitis," etc. ture of the injury, as fracture of skull, and conse-(Recommendations on state-Nomenclature of the American Medical Association.) stated unless important. Example: Measles causing death), 29 ds.; Bronchopneumonia conditions, such as "Asthenia," "Anaemia" Chronic interstitial nephritis, etc. can be ascertained as the cause. (secondary or intercurrent) head of "contributory." vulsions."

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V. S. No. 1

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The state of the s	06997
PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
(18)70	Registration Dist. No. //6
Village or City Cambridge (No.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and
2FULL NAME James	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Valite SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 25 , 193
DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
1 sulmour 1	193/ to Jame 2 2, 193/,
(Month) (Day) (Year)	that I last saw halive on Mak at all, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
l day hrs.	The CAUSE OF DEATH * was as follows:
s occupation	/ A CONTRACTOR OF THE PROPERTY
(a) Trade, profession or Umbelle Mender	
(b) General nature of industry	Carl Nos
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
	Contributory
(State or country)	Secondary (Duration) yrs
10 NAME OF	1. 21.
FATHER Mulmon.	(Signed) M. D.
M 11 BIRTHPLACE	[192 (Address)
OF FATHER (State or country) Unknown.	*St to the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Les Select	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address) Cultura, Md.	Cambridge And June 17, 193/
Filed June 27, 1931 SEWORF Registrar	20 UNDERTAKER & albush Cimbridge Mal
Is were highly tre peeded address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farnier (1) or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cookie ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesmon. At Home, and children, not gainfully emwithout more precise specification as Day For persons 6 Automobilewho have no occupation factory. The materia -Coal mine, etc. (b) Grocery,

Statement of Cause of Death—Name, first, the Dribase CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted berm for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is 'Epidemic cerebrospinal meningitis''); *Diphtheria 'Avoid use of 'Croup''); *Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,")

earbolic acid-probably smade. The nature of the injury, telanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Ansemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. unqualified, is indefinite); Tuberçulosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY νζd cough; Committee on Chronic etc. valvular heart Nomenclature Always qualify al The contributory disease;

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B

No.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word (Moath) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that I last saw h ___ alive on ___ (Year) (Month) (Day) 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory BIRTHPLACE (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.....mos......ds. Where was disease contracted, if not at place of death? BEST OF MY KNOWLEDGE usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octircd 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locamotive engineer, or given up on account of the DISEASE CAUSING DEATH, ployed. as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reetc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the duties of the 6 Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid letanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need not be etc. valvular heart Always qualify all The contributory Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE	OF	DEATH	
County 10	re	elps	ten

A7000

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. // 6
Village or City Madrage No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Story Nove	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Leel Single, Moure Mole Leel (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH aug 16 1865	17 I HEREBY CERTIFY, That I attended the deceased from 192/. to 7 , 192/,
(Month) (Dsy) (Year) 7 AGE If LESS than	that I last saw h alive on way, 197/,
75 yrs./ 9 mos. 7 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or January particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs 6 mos ds.
SBIRTHPLACE (State or country) Wed 00	Contributory Secondary (Durstion) yrs mos de.
10 NAME OF HOLLY Storelly	(Signed) Sebyy M. D. (6- v 4 1923/ (Address) Caulary and
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother June Courses	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mary Stantey	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Male	marcison guys, 3/
Filed June 25, 1925/ Colloff Registrar	Donatel Redweller but Per

If more bianka are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

PLACE OF DEATH County Director	CERTIFICAT	MARYLAND E OF DEATH
Village or City Easthow Market Of 2FULL NAME Barbora Tho		a hospital occurred is a hospital or institu- tion, give its NAME in stead of street and numbar.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
levale Colored (Write the word)	16 DATE OF DEATHURO 9	(Day) (Year)
B DATE OF BIRTH Rash (1 , 1929 (Month) (Day) (Year)	that I last saw hor alive on June	ettended the decessed from
7 AGE 2 yrs. 3 mos. 6 ds. or min.?	and that death occurred on the date state The CAUSE OF DEATH * was as follows:	d above, at 5
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	following Mos (Duration)	las
10 NAME OF FATHER JOHN JAMES OF FATHER OF FATH	(Signed) John (Duration) (Signed) 1981 (Address)	costor, he
(State of country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the Discase Causing Deat Vloient Caus.s, state (1) Means of Accidental, Suicidal or Homicidal. THE OF RESIDENCE (For Hosionts or Racent Residents)	pitals, Institutions, Trans
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs	he taleyrsmasds
(Address) East how warket	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed June 22 1931 N. C. Paskels Registres	20 UNDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook en at home, er," etc., without more province Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Physician, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on specifically the occupations of persons Compositor, who are engaged in the duties of the Archi'ect, Salesman. (b) Locomolive engineer But in many Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart Janus," "Old Age," "Shook," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Chronic interstitial nephritis, approved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature of the "" "Convulsions, Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1 N. B.—

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	07002
CATLL			(0)			00000

1. PLACE O	F DEATHWITHIN CO	Pronate	Mixa	3
County	Dorchester		Q	Registration Dist. No. 116
	City Cambridge			ND. Cambridge Hespital St., W f death occurred in a hospital or institution, give its NAME instead of street and number) is ds. How long in U.S. if of foreign birth? yrs. mos.
2 FILL NA	ME Infant	Marian a and		
		Townsend		
(a) Resider	nce: No.	(Usual place		St., Ward. If nonresident give city or town and State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 25
Malo	White	Singl	e	(Month) (Day) (Year
5a. If married, widov HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I attended deceased of the state of the sta
7. AGE Yes		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7.450 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
9. Industry or work wa SAW MII	ession, or particular work done, as SPINNER, , BOOKKEEPER, etc. business in which s done, as SILK MILL, LL, BANK, etc.		ime (years) ntin this	Duenglete aborton - Jun 24 Slott - hom
year)	ity or town) Cambr	idge	nt in this upation	Other Contributory Causes of importance:
1	The state of the s			Suporation of Placenta - James
13. NAME	Thos. E. Town	nsend		
(State or	(city or town)	yland.		Name of operation Date of What test confirmed diagnosis? A ilsternet Was there an autopsy?
15. MAIDEN NAME Leila Brown 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Mrs. Thos. E. Townsend (Address) Bridgeville, Delaware. 18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date June 26, 1931			d	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
				Manner of injury
19. UNDERTAKER (Address)	Orderly at he Cambridge,	spital	1 444	24. Was disease or injury in any way related to occupation of deceased? If so, specify Support Support
20. FILED_June	26 , 19 31	EN	Volte Legistrar.	(Signed) Escaphia (Address) Cambiage had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (15

CA.	Wand	1
بالار	 AA SELC	.,

(if death occurred in a hospitai or institution, give its NAME is stend of street and number.)

	1 21301	TAL AND STATIST	CAL I ARTICO	LANG	MEDICAL	CERTIFICATE	OF DEATH	
3 9	emale	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	naniel	16 DATE OF DEATH	(Month)	(3 (Day)	
6 1	DATE OF BIR	Octo	lu 22	, 1915	april 30	RTIFY, That I a	une 13	1981.
	E	(Month)	(Day)	(Year)	that I iast saw h Mal	ive on	hank	, 1965(.,
7 /	AGE			[If LESS than	and that death occurred	on the date stat	ed above, at	3 . m.
		15 yrs. 7	mos. 2 ds.	I day hrs.	The CAUSE OF DEATH *	was as foliows:	Δ	
(p		ofession or Calc	Ricken	*****************	Tuberendo	sis of ?	Tunge)
		ature of industry stablishment in ed or (employer)	book Backi	ng House		(Durstion)	y10. 7	mosda,
9 E	State or cou	untry) manylan	-4		Contributory Secondary	(Duration)	••••••••••••••••••••••••••••••••••••••	mosds.
	10 NAME O	F	1	P	(Signed) (Mes C.	5. heace	<u> </u>	M. D.
SLN	11 BIRTHRI ACF			*State the I is as Violent Causes, state Accidental, Suicidal or H	e Causing Deat			
PARE	of Mother Bossic Julie Lewis		18 LENGTH OF RESID	ENCE (For Hos	pitais, Institu	tions, Trans-		
	13 BIRTHPL OF MOTH (State or		yland		At place of death	ds. In t	he tateyrs	mosds.
4	THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWLE	EDGE	Where was disesse contracte			
1		anna Eliza	-	ress.	Former or usus! residence	00-00-00 00 00 00 00 00 00 00 00 00 00 0		go o ; see o ; so t
1	11	ress) fishing	70	,2	19 PLACE OF BURIAL O	m.f	Λ	15, 1931
15	Filed un	ne 14 1981 La	me J.h.	Rogistras	9. S. Secont	~	Camer	idgemo
	-	If more banks are	needed, address &	tate Kegistras	, 16 W. Saratoga St., Balt	o., Requesting V	. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken er," etc., without more processed mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer-feg. ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Foreman, 10 For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Colton mill; (a) Salesman, At Home, and children, not gainfully em-(b) Automobile factory. The single word or term on Locomotive engineer, 6 The quesmuteria Grocery;

Statement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH The primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: ("crebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia, "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic and consequences (c. g., sepsis, Example: Measles (disease etc. valirular heart Nomenclature The contributory Always qualify all Measles ; not be disease;

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	PLACE OF DEATH County Dorchester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vil	Property Cambridge (No.Eastern Shore) 2FULL NAME Martha Turiville	e State Hospital St.: Ward) (if death occurred in hospitel or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married	June 27, 19231
		I HEREBY CERTIFY, That I ettended the decessed from April 3, 1930 192 to June 27, 1931, 192 that I lest eaw h er alive on June 27, 1931 192
B	If LESS than I day hrs. 11 mos. 11 ds. or min.?	
F (b v	particular kind of work Silk Mill Worker (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Delaware	About 3 yrs. (Durstion) yrs. mos de Contributory Secondary (Durstion) A yrs. 2 mos de
ENTS	10 NAME OF FATHER Silas E. Wainwright 11 BIRTHPLACE OF FATHER (State or country) Ware Montager	(Signed) June 27, 1981 (Address) Cambridge, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER NOTE HOUSTON 13 BIRTHPLACE OF MOTHER (State or Country) Unknown	is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients of Recent Residents) At place of deathyrsmosds. Stateyrsmosds
14 i5	(Informant) E.S.S.Hospital Records (Address) Cambridge, Md. Filed Jane 27 1981 E. Registrer	Where was disease contracted, if not at place of death? Dorchester County, Md. Former or usual residence Oak Grove, Delaware 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS WILL Watton: It cleaforus
-	If more branks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

07061

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As exemples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. Th. 3 rocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroprimal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased (Durstion) yrs.....mos.... *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Chronicetc. The contributory valvular Nomenclature of the Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH struction (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry d business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) DA OO 10 NAME OF FATHER 0 11 BIRTHPLACE RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (State or country) OIL Accidental, Suicidal or Homicidal. CA 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state ccup, ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER .yrs......ds. of death (State or Country) 0 Where was disease contracted, if not at place of death?...... T of 14 THE ABOVE IS TRUE TO usual residence Filed If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME instead of street and

DATE OF BURIAL

number.)

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

*. age. For many occupance. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of -Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, household only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken whatever, write None. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material duties of the (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

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20. FILED ...

	STATE O	MARYLAND-	CERTIFICATE OF DEATH 07098	
1.	County Cor Create Village or City Ve on Food	r t hew browket	Registration Dist. No. 111	ard
2.	Length of residence in city or town where des	oth occurred yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	
		(Usual place of abolie)	If nonresident give city or town and State	District of the last
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	_
3. SE)	0 10.1.	or DIVORCED (write the word)	21. DATE OF DEATH (Month) 27 (Yaer) (Yaer)	
5	married, widowed, or divorced 4USBANO of Cor) WIFE of Course Co. J.	Silker son	22. MEREBY CERTIFY. Thet I attended deceased for the standard deceased	,
6. DA	TE OF BIRTH (month, day, and year)	ia. 22" 1880	1 lest saw h. lev alive on June 26 2, 1931; death is s	aid
7. AGI		Oays If LESS than 1 day, hrs.	to have occurred on the deta stand above, et & H&Pem. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	
ATION	8. Treda, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ouse-work	Phthises Pulsuncales aug	84
TAPAT	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.		193	0
00	O. Deta deceased lest worked et this occupetion (month end yeer)	11. Total time (yeers) spent in this occupation		
12. BI	RTHPLACE (city or town) (Stete or country)	land.	Other Contributory Causes of importance:	
œ 1	3. NAME Grand R	Louse.		
FATHER	4. BIRTHPLACE (city or town) (State or country)	risland.	Neme of operation 2000 Gete of	
<u>الله</u>	5. MAIDEN NAME Reliece	a gover.	23. If deeth wes due to externat causes (VIOLENCE) fill in also the following:	_
15. MAIOEN NAME Reviece goves 16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide?	
	and E las:	2 Stangard	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

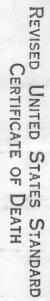
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: REAU V.	Data of amount	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

County Co	06958 STATE OF MARYLAND
County Orchestut 2 100	CERTIFICATE OF DEATH
	Registration Dist. No. //6
Village or City (No.	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, giva its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 10 , 1853	I HEREBY CERTIFY. That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on 1192
7 AGE 77 yrs. 6 mos. ds. or min.?	and that death accurred on the date stated above, at
(a) Trade, profession or particular kind of work	O a a a colatta a
(b) General nature of industry business, or establishment in which eniployed or (employer)	fery lytely connected to
9 BIRTHPLACE (State or country) Hogy laws	Contributor Secondary Duration Street Marie Lance and Secondary Contribution Contribution Contribution Contribution Contributor Contributo
10 NAME OF Charles Hieles	Bigned High Fountitu getting Man
OF FATHER (State or country)	*State the Disease Causing Death, or, is death from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suigidal or Homeidal.
of Mother Many Locustaine	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country) May lack	At place of death yrs mos ds. State yrs ds. Where was disease contracted,
(Informant)	if not at place of death? Former or usual residence Balba M.
(Address)	obsist church Cauchy DATE OF BURIAL
15 Filed June 3, 193/ Estably Registrar	20 UN DERTAKER Casubily Manuel Casubily Man
If mora blanks are needed, addrass Stata Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the laborer, worked on may form part of the second statement Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-(b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

z rink

carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by stated unless important approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association. unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Nomenclature of the ChronicExample: Measles (disease etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY by classificate. Ward) If death occurred in a hospital or institu-ion, give its NAME inrtend of street and MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTI PARTICULARS 16 DATE OF DEATH SINGLE, WIDOWED MOLE may be n back (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from BINDING hat instruction (Month) (Day) (Tear) and that death occurred on the date stated above, 7 AGE If LESS than l day ... hrs. terms 8 OCCUPATION (a) Trade, profession or particular kind of work. plal RESERV (a) General nature of industry mportan business, or establishment in (Duration)yrs......mos..... which employed or (employer)..... Contributory Secondary (State or country (Duration)yrs.....mos... NU N 10 NAME OF FATHER 11 BIRTHPEACE 田里 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Louicidal H OF FATHER 200 区山 (State or country) 00 00 12 MAIDEN NAME 04 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State,yra......mos.... of death yrs. ... mos. da. 00 (State or country) Where was disease contracted, should ent of BEST OF MY KNOWLEDGE if not at place of death?..... Former or usual residence. Informant 0 tater 4 's more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Acquestion V. 8

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation en at home, who are engaged in the duties of the ployed, as At school or At home. Care should be taken state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reer," etc., without more precise specification as Day laborer. Farm laborer, Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a ucork, or At Home, and children, not gainfully emto report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, or given up on account of the pissass causing DEATH, tion applies to each and every person, irrespective of For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician. Compositor, Architect, Locomotive engincer, Civil engineer, Stationary Aremen, etc. But in many cases, specially in Industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or Industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, House-Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The queswhatever, write None.

Statement of Cause of Death—Name, first, the bisrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lodar pneumonia, Bronchadmeumonia ("Preumenia");

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JUL 7 1931
BUREAU V. S.

vulsions." "Debility" ("Congenital," "Senlle," etc.), "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undertaken. For violent deaths state means of injurr and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drouning; Struck by railway train-accident; Revolver wound of head-homicide; ture of the injury. as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the (Recommendations on statement of cause of death approved by Committee on (secondary or intercurrent) affection need not be ary), 10 ds. Never report mere symptoms or terminal rhage," "Inanition," "Marasmus," "Old Age," "Shock," "PUERVERAL SCPICCICNICA," "PUERPERAL peritonitis," etc. mges, peritonaeum, etc., Carcinoma, Surcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; (disease (secondsymptomatic), "Atrophy," "Collapse," "Coma," "Con-"Dropsy," "Exhaustion," "Heart failure." "Haemorunqualified, is indefinite); Tuberculosis of lungs, men-...... (name orlgin; "Cancer" is less definite; avoid The contributory Nomenclature of the American Medical Association.) stated unless important. Example: Measles conditions. such as "Asthenia," "Anaemla" Poisoned by carbolic acid-probably suicide. Whooping cough; Chronic valvular heart causing death), 29 ds.; Bronchopneumonia Ohronic interstitial nephritis, etc. head of "contributory."

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

SI-	PLACE OF DEATH	07010 STATE OF MARYLAND
EX	County Doclara	CERTIFICATE OF DEATH
Y, ied.		Registration Dist. No. 116
EXACTL ly classif	Village or City Carry 1, 190. 43	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
opel	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
GE shoul	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 192.1 to 192.1 to 192.1 that I last saw him alive on 192.1.
ms so the	7 AGE GA yrs. 1 mos. 2 ds. or min.?	and that death occurred on the date stated above, at
supp in ter	(a) Trade, profession or Leabour	Myrania
efully in pla tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Zyrs. mos. ds.
ATH mpo	9 BIRTHPLACE (State or country)	Contributory Secondary
ould b	10 NAME OF FATHER 10 miles Amore	(Signed) (Duration) yrs. mos. de.
Ion sho	OF FATHER (State or country) 12 MAIDEN NAME (1)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ormat ste C/ UPAT	of MOTHER Doublewise	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f infe	OF MOTHER (State or Country)	At place of death
shoul	(Informant) MALLOW 15 TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ANS ateme	(Address) Rad Bully	19 PLACE OF BURIAL OF REMOVAL JUNE 14, 193
	Filed Jun 14 1921 ESWolfs	20 UNDERTAKER ADDRESS Rankey Sta
ž	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various putsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation--Precise statement of oc state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may/be entered as Houscwifc, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the whatever, write None. etc., or For many occupations a yrs). Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal minc, etc. Wom-Architect, Locomotive engineer, single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by cun be ascertained as the cause. "Debility" ("Congenital," Whooping American Medical Association. approved by as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of 'Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephrilis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature ongenital," "Senile," etc.), "Dropsy,
Heart failure," "Haemorrhage, Chronic and consequences (e. g., sepsis, valvular heart discase; etc. The contributory Always qualify all "Dropsy,

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